

UTILITY PATENT APPLICATION TRANSMITTAL (New Nonprovisional Applications Under 37 CFR § 1.53(b))	Attorney Docket No. <u>020.0341.US.CON</u>
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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Gust H. Bardy, entitled System And Method For Diagnosing And Monitoring Respiratory Insufficiency For Automated Remote Patient Care, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

(X) Continuation () Divisional () Continuation-in-part (CIP)
 of prior application No: 10/152,207 filed on: 5/20/2002, a continuation
 of U.S. Patent No. 6,398,728, issued on 6/4/2002.

(X) A statement claiming priority under 35 USC § 120 has been added to the specification.



22895

PATENT TRADEMARK OFFICE

22154 U.S. PTO
 10/646243
 08/22/03

Enclosed are:

- (X) Specification; 57 Total Pages. (X) Drawing(s); 28 Total Sheets.
 (X) Oath or Declaration:
 (X) A Newly Executed Combined Declaration and Power of Attorney:
 (X) Signed. () Unsigned. () Partially Signed.
 () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
 () Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.
 () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
 (X) Formal Drawing Transmittal Letter. (X) Return Receipt Postcard.
 () Associate Power of Attorney. (X) A Check of \$ 2,352.00 for the Filing Fee.
 () Preliminary Amendment. (X) Information Disclosure Statement and Form PTO-1449.
 (X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
 (X) Fee Transmittal Sheet
 () Applicant claims small entity status.
 () Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	81	61	\$18.00	\$1,098.00
Independent Claims	9	6	\$84.00	\$ 504.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$750.00
Total Filing Fee				\$2,352.00

Charge \$ _____ to Deposit Account 501144 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.

Respectfully submitted,

By: Patrick J.S. Inouye, Esq., Attorney of Record
 Reg. No. 40297

Date: August 22, 2003

Correspondence Address:

Law Offices of Patrick J.S. Inouye
 810 Third Avenue Suite 258
 Seattle, WA 98104
 Phone: (206) 381-3900
 Fax: (206) 381-3999

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

Mail Stop Patent Application
 Commissioner for Patents
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 Alexandria, VA 22313-1450

By: Larissa V. Pigott

Typed Name: Larissa V. Pigott

Express Mail Label No.: EV317784455US

Date of Deposit: August 22, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	Unassigned
		Filing Date	August 22, 2003
		First Named Inventor	Bardy
		Examiner Name	Unassigned
		Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT (\$) 2,352		Attorney Docket No.	020.0341.US.CON

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 501144 Deposit Account Name: Law Offices of Patrick J.S. Inouye The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;">SUBTOTAL (3) (\$)</p>																																																																																																																																																																																			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Patrick J.S. Inouye, Esq.	Registration No. (Attorney/Agent)	40297
Signature		Telephone	(206) 381-3900
		Date	August 22, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, PO Box 1450, Alexandria, VA 2213-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Application No.: Unassigned

Filed: August 22, 2003

Title: System And Method For Diagnosing
And Monitoring Respiratory
Insufficiency For Automated Remote
Patient Care

Group Art Unit: Unassigned

Examiner: Unassigned

Attorney Docket No.: 020.0341.US.CON

Assistant Commissioner for Patents
Alexandria, VA 22313-1450

DRAWING TRANSMITTAL LETTER

Sir:

Enclosed herewith please find:

- () _____ sheets of redlined drawing(s) which indicate proposed changes to the drawing(s). Upon approval of these proposed changes, formal drawing(s) will be submitted.
- () _____ sheets of corrected formal drawing(s), as required by the Notice of Patent Drawings Objection (PTO-948) which accompanied the Office Action dated _____.
- () _____ sheets of corrected formal drawing(s), as required by the Notice of Patent Drawing(s) Objection (PTO-948) and approved in the Notice of Allowability dated _____.
- (X) 28 sheets of formal drawings, submitted with the enclosed continuation Utility Patent Application.

Examiner's approval of the entry of these drawings is respectfully requested.

Respectfully Submitted,



22895

PATENT TRADEMARK OFFICE

By _____

Patrick J.S. Inouye, Esq.

Attorney/Agent for Applicant(s)
Reg. No. 40297

Date: August 22, 2003

Telephone No.: (206) 381-3900